

**Travel & Expense Account
Transmittal Sheet**

After Approval, Mail Receipts To



Employee Name	<u>WAGNER, JOHN</u>
Expense Dates	<u>06/01/10-06/04/10</u>
Total Expense Amount	<u>146.00</u>
Amount Due Employee	<u>146.00</u>
Form ID	<u>TEA000688480</u>

DIRECTIONS FOR SUBMISSION

1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

	Date	Expense Item	Amount	If not submitted - Explain
1)	06/04	Parking, Auto	33.00	
2)	06/04	Taxi Fare	15.00	

2. *Forward Transmittal Sheet and attached documentation through your approval process.*

I have reviewed the following documents.

Approved
by:

Nancy Lee

Travel & Expense Account Summary

Employee Name JOHN WAGNER
Expense Dates 06/01/10-06/04/10
Report Name 6010 - San Diego - June, 2010

Request Total \$ 146.00
Direct Charge Total - 0.00
Travel Advances - 0.00
Net Due Employee = **146.00**

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	San Diego	146.00

DATE	Tue Jun 1	Wed Jun 2	Thu Jun 3	Fri Jun 4						TOTAL
Dinner	18.00	18.00	18.00							54.00
Lunch	10.00			10.00						20.00
Incidentals		6.00	6.00	6.00						18.00
Breakfast		6.00								6.00
Parking, Auto				33.00						33.00
Taxi Fare				15.00						15.00
TOTALS \$	28.00	30.00	24.00	64.00						146.00

Travel & Expense Account Summary & Detail

Trip/Expense Category	Trip Name	Date	Expense Item	Amount	Payment Type
Regular Travel	San Diego	06/01/10	Dinner	18.00	Cash
Regular Travel	San Diego	06/01/10	Lunch	10.00	Cash
Regular Travel	San Diego	06/02/10	Incidentals	6.00	Cash
Regular Travel	San Diego	06/02/10	Breakfast	6.00	Cash
Regular Travel	San Diego	06/02/10	Dinner	18.00	Cash
Regular Travel	San Diego	06/03/10	Incidentals	6.00	Cash
Regular Travel	San Diego	06/03/10	Dinner	18.00	Cash
Regular Travel	San Diego	06/04/10	Parking, Auto	33.00	Cash
Regular Travel	San Diego	06/04/10	Taxi Fare	15.00	Cash
Regular Travel	San Diego	06/04/10	Incidentals	6.00	Cash
Regular Travel	San Diego	06/04/10	Lunch	10.00	Cash

Travel & Expense Account Transmittal Sheet

After Approval, Mail Receipts To

Employee Name	WAGNER, JOHN
Expense Dates	06/10/10-06/11/10
Total Expense Amount	74.00
Amount Due Employee	74.00
Form ID	TEA000688501

DIRECTIONS FOR SUBMISSION

1. Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.

	Date	Expense Item	Amount	If not submitted - Explain
1)	06/11	O/S Incidentals	6.00	

2. Forward Transmittal Sheet and attached documentation through your approval process.

CLAIM EXCEPTION(S)			
	Item	Exception	Response
1)	#A6 DPA required	Document of Prior Approval required for Out of State Travel.	Yes

TRIP EXCEPTION(S)			
	Item	Exception	Response
1)	5:3b	Was prior approval granted for your attendance at the conference/convention?	Yes

**Travel & Expense Account
Transmittal Sheet**

I have reviewed the following documents.

**Approved
by:**

Nancy Lee

Travel & Expense Account Summary

Employee Name JOHN WAGNER
Expense Dates 06/10/10-06/11/10
Report Name 6010 - OST - WDC - June 2010

Request Total \$ 74.00
Direct Charge Total - 0.00
Travel Advances - 0.00
Net Due Employee = **74.00**

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Non-State Sponsored Conference/Convention	ACF	74.00

DATE	Thu Jun 10	Fri Jun 11								TOTAL
O/S Dinner	18.00	18.00								36.00
O/S Lunch	10.00	10.00								20.00
O/S Breakfast	6.00	6.00								12.00
O/S Incidentals		6.00								6.00
TOTALS \$	34.00	40.00								74.00

Travel & Expense Account Summary & Detail

Trip/Expense Category	Trip Name	Date	Expense Item	Amount	Payment Type
Non-State Sponsored	ACF	06/10/10	O/S Dinner	18.00	Cash
Non-State Sponsored	ACF	06/10/10	O/S Lunch	10.00	Cash
Non-State Sponsored	ACF	06/10/10	O/S Breakfast	6.00	Cash
Non-State Sponsored	ACF	06/11/10	O/S Incidentals	6.00	Cash
Non-State Sponsored	ACF	06/11/10	O/S Dinner	18.00	Cash
Non-State Sponsored	ACF	06/11/10	O/S Lunch	10.00	Cash
Non-State Sponsored	ACF	06/11/10	O/S Breakfast	6.00	Cash

**Travel & Expense Account
Transmittal Sheet**

After Approval, Mail Receipts To

Employee Name	WAGNER, JOHN
Expense Dates	06/25/10-06/25/10
Total Expense Amount	409.90
Amount Due Employee	86.50
Form ID	TEA000700177

DIRECTIONS FOR SUBMISSION

1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

	Date	Expense Item	Amount	If not submitted - Explain
1)	06/25	Taxi Fare	55.00	

2. *Forward Transmittal Sheet and attached documentation through your approval process.*

EXPENSE EXCEPTION(S)			
	Expense Rule	Exception	Response
1)	ER Department Policy #1	Receipt and travel itinerary required for this expense item.	

I have reviewed the following documents.

Approved
by:

Nancy Lee

Travel & Expense Account Summary

Employee Name JOHN WAGNER
Expense Dates 06/25/10-06/25/10
Report Name 6010 - LA Roundtable - June 25, 2010

Request Total \$ 409.90
Direct Charge Total - 323.40
Travel Advances - 0.00
Net Due Employee = **86.50**

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	LA Roundtable	409.90

NOTE: (d)=Direct Charge

DATE	Fri Jun 25									TOTAL
Breakfast	6.00									6.00
Parking, Auto	9.00									9.00
Commercial Air Fare (d)	323.40									323.40
Taxi Fare	55.00									55.00
Mileage, Personal Auto	16.50									16.50
TOTALS \$	409.90									409.90

Travel & Expense Account Summary & Detail

Trip/Expense Category	Trip Name	Date	Expense Item	Amount	Payment Type
Regular Travel	LA Roundtable	06/25/10	Breakfast	6.00	Cash
Regular Travel	LA Roundtable	06/25/10	Parking, Auto	9.00	Cash
Regular Travel	LA Roundtable	06/25/10	Commercial Air Fare	323.40	Direct Charge
Regular Travel	LA Roundtable	06/25/10	Taxi Fare	55.00	Cash
Regular Travel	LA Roundtable	06/25/10	Mileage, Personal Auto	16.50	Cash